CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOAR STATE DEPARTMENT OF HEALTH

The state of the s	
PRODUCER OF WASTE (Nust be filled, by producer)	HAULER OF WASTE (Must be filled by hauler)
tone (print or type): WESLOCK CO	Nees (print or type): Superior Industrial Pumping 21
Pick up Address: 5 5 11 7 7 (Street) (City)	Pusitees Address: P.O. Box 59389 L.A Calif 90059
Telephone Humber: () P.O. ox Contract No.1	Telephone Mamber: 757-1855 Pick Up: (Date)
Order Placed By: Date: 11-22-80	State Liquid Waste Houler's Registration No. (if applicable):
Ives of Process	Job No.: 01357 No. of Loads or Trips: Unite Mo.: /
mich Produced Mastes: [Examples: metal plating, equipment cleaning, oil drilling-Code No.	Vehicle: Qvacuum truckbarrels, Oflatbed, Onther 1012
vastewater treatment, pickling buth, petroleum refining)	The described waste was houled by me to the disposal (specify)
DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wester:	I certify (or declare) under penalty of perjury that the foregoing is true
1. Acid solution 8. Tank bottom sediment 2. Alkaline solution 9. Oil	and correct.
3. D Posticides 10. D Drilling mad 4. D Paint sludge 11. D Contaminated soil and sand	DISPOSER OF WASTE (Must be filled by disposer)
5. C Solvent 12. Connery waste	Rame (print or type)
6. Tatrmethyl load sludge 13. Thater waste 7. Chemical toilet wastes 14. Thus and water 15. There	Site Address: Code No.
	The haule: above delivered the described waste to this disposal facility and
Other (Specify)	it was an acceptable material under the terms of RMQCB requirements, State
	Department of Health regulations and local restrictions.
Components: (Enemples: Hydrochloric acid, lime, countic sode, Concentration:	Quantity measured at site (if applicable): State tee (if anyl:
phorolics, solvents (list), motals (list), Upper Lower t ppm organics (list), cyanide)	Handling Hethod(s):
	recovery
	treatment (specify):
	treatment (specify): (Examples: incineration destrains precipitation)-Code No. disposal (specify): pond spreading landfill injection well other (specify): Code No.
"	Const (species):
<u></u>	If waste is held for disposal elsewhere specify final totalibu
<u> </u>	Disposal Date:
<u> </u>	of perjury that the foregoing is true
Masardous Properties of Waste: off Description Descript	Signature of authorized agent and title
Polit Volume: // OUC Del	The site operator shall submit a legible copy of each completed Record to the
(42 gal) (specify)	State Department of Health with monthly fee reports.
Containers:	\bigcirc G
Physical State: Goolid Miquid Gludge other	
Special Hendling Instructions (if any):	
	Y
	1
The weeks to described as the best of my shilling and the me delivered.	N. 30
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)	THE PROPERTY AND ADDRESS OF STATE OF ST
I certify (or declare) under penalty	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
of perjury that the foregoing is true work that the foregoing is true	
Signature of Suthorized agent and title	